

MARYLAND BOARD OF EXAMINERS IN OPTOMETRY

4201 Patterson Avenue

Baltimore, Maryland 21215-2299

(410) 764-4710 FAX (410) 358-2906

TO THE PERSON FILING THE COMPLAINT:

- A. The Board of Examiners in Optometry is charged with investigating and acting upon complaints against licensed optometrists only.
- B. The Board will not consider any complaint unless it is signed and dated. All blanks should be filled in as completely as possible. Where the information requested is not known, the complainant should so state. Please type or use Black Ink when completing this form.
- C. In order to expedite the processing of the complaint, please write the correct names, addresses and telephone numbers of all persons named in the complaint including that of the complainant, the optometrist and all others.
- D. You should be aware that the Board normally forwards a copy of the complaint to the optometrist and requests a response to the issues in the complaint. If there are any reasons why you feel this complaint should not be shared with the optometrist for response, please include these reasons on a separate statement attached to the complaint.
- E. The Board will review the complaint and the optometrist's response and will determine whether further investigation is warranted. If the complaint is referred for investigation, the investigation may take up to ninety days and in some cases longer. Thereafter, the Board reviews the report, after which it may conduct further investigations, as it deems necessary. If the board determines to bring charges against an optometrist and to hold a hearing, the hearing must be held and sufficient advance notice given to the optometrist concerned to enable the optometrist to prepare a defense. Therefore, in most cases, there is a considerable time lapse between the filing of the complaint and the hearing if one is held. In all cases, the Board will advise the complainant of the action taken when a final determination has been made.
- F. PLEASE NOTE: The Board does not have authority to handle or resolve complaints concerning fee disputes, refunds or other similar economic issues where there does not appear to be a claim of fraud or misrepresentation. The Board refers such complaints to the Consumer Protection Division of the Attorney General's Office. The Board will notify you if this referral is made.

Complaint Form
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If there is more than one complainant, please use a separate form for each one.

1. Full name of the complainant _____
2. Home address _____
3. Business Address _____
4. Home telephone () _____ Business telephone () _____
5. Date of Birth _____ Social Security # ____ - ____ - ____
6. Name of optometrist complained of _____
7. Office address _____

Office Phone # _____
8. Were you a patient of the optometrist? _____ If so, during what period of time? _____
9. Have you discussed your complaint with the optometrist about whom you are making the complaint? _____
10. Date(s) of the occurrence(s) of the complaint _____

11. Describe with as much detail as possible, the exact nature of your complaint(s) against this optometrist. Use as many additional sheets as necessary. Number each additional sheet and sign each one at the bottom.

12. State the names, addresses, and telephone numbers of all persons, including optometrists, who witnessed or who have other knowledge of your complaint or the occurrence.

13. Have you made this complaint to any other person or organization?_____ If so, to whom? _____

14. Do you, or did you, consider the optometrist complained of to be your family optometrist? _____
15. For what condition were you being treated by this optometrist?_____
- _____
16. Do you consent to the release to this Board or its designated investigating body, of medical reports and records relating to you and to this occurrence from any hospital, related institution or health professional, including the optometrist complained of?_____

**IF THE COMPLAINT IS MADE BY A PERSON OTHER THAN A PATIENT,
PLEASE FURNISH THE FOLLOWING INFORMATION:**

17. Your official title or designation_____
18. Did you personally investigate the matter set forth in this complaint?

19. If not, or if others assisted you in the investigation, state the names and titles of the person or persons, if any who investigated or assisted.

20. Do you have any reports or other written communications with respect to the matters complained of?_____

(If so, please attach copies of such materials to this complaint form)

21. Please state any further information regarding this complaint which you wish to convey to the Board. _____

Date of Complaint

Signature of Complainant